

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application

Inventor(s): James F. Zucherman, Ken Y, Hsu, Charles P. Winslow, Scott A. Yerby, John J. Flynn, Steve Mitchell and Jay A. Mackwart

Appln. No.: Unknown

Confirm. No.: Unknown

Filed: Herewith

Title: SYSTEM AND METHOD FOR REPLACING DEGENERATED SPINAL DISKS

PATENT APPLICATION

Art Unit: Unassigned

Examiner:

Customer No.: 23910



**CERTIFICATE OF MAILING BY "EXPRESS MAIL"
UNDER 37 C.F.R. §1.10**

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(Signature)

Tina M. Galdos

Signature Date: December 8, 2003

UTILITY PATENT APPLICATION TRANSMITTAL LETTER UNDER 37 C.F.R §1.53(b)

Mail Stop PATENT APPLICATION

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

Sir:

Transmitted herewith for filing is the patent application identified as follows:

Inventor(s): James F. Zucherman, Ken Y, Hsu, Charles P. Winslow, Scott A. Yerby, John J. Flynn, Steve Mitchell and Jay A. Mackwart

Title: SYSTEM AND METHOD FOR REPLACING DEGENERATED SPINAL DISKS

No. of pages in Specification (including claims and abstract): 42; No. of Claims: 74.

No. of Sheets of Drawings: 16; Formal: ✓, Informal: .

Also enclosed are:

- A Declaration.
- An Assignment and Recordation Form Cover Sheet.
- A certified copy of a priority application.
- A Power of Attorney.
- An Information Disclosure Statement Under 37 C.F.R. §1.56.

The filing fee pursuant to 37 C.F.R. §1.16 is determined as follows:

✓ Applicant(s) qualify for small entity status under 37 C.F.R. § 1.27.

For	Number Filed	Number Extra	Rate Small Entity/Other Than Small Entity	Total
BASIC FEE (37 CFR 1.16(a))			\$385.00 \$770.00	\$385.00
TOTAL CLAIMS (37 CFR 1.16(c))	<u>74</u> - 20	<u>54</u>	X \$ 9.00 X \$ 18.00	\$486.00
INDEPENDENT CLAIMS (37 CFR 1.16(b))	<u>10</u> - 3	<u>7</u>	X \$ 43.00 X \$ 86.00	\$301.00
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))			+ \$145.00 + \$290.00	\$0.00
			TOTAL	\$1172.00

*If the difference in column 1 is less than zero, enter "0" in column 2.

✓ A check in the amount of \$ 1172.00 to cover the filing fee (\$385.00), and additional claims, is enclosed.

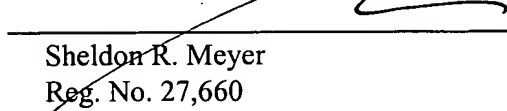
✓ The Commissioner is hereby authorized to charge any deficiencies or credit overpayment to Deposit Account No. 06-1325. A duplicate copy of this authorization is enclosed.

Please direct all correspondence concerning the above-identified application to the following address:

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Respectfully submitted,

Date: 12/8/03

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